

No. 200  
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84

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27742

State File No. ....

BIRTH NO. .... REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 69

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |
| b. CITY OR TOWN <u>Richmond</u>                                   |  | c. CITY OR TOWN <u>Richmond</u>   |  |
| c. LENGTH OF STAY (In this place) <u>10 yrs.</u>                  |  | d. STREET ADDRESS (If rural, give location) <u>206 S. Whitmer St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 S. Whitmer St.</u> |  |   |  |

|  |                               |   |   |   |   |  |
|--|-------------------------------|---|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ALFORD</u> b. (Middle) <u>MEAD</u> c. (Last) <u>CARPENTER</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>August 12, 1949</u> |   |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Feb. 9, 1873</u>                            | 9. AGE (In years last birthday) <u>76</u>                             | IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>                      |   | 11. BIRTHPLACE (State or foreign country) <u>Mechanicsville, Iowa</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Oscar G. Carpenter</u> | 13b. MOTHER'S MAIDEN NAME <u>Rhoda Lee</u> | 14. NAME OF HUSBAND OR WIFE <u>Nancy Thacker Carpenter</u> |
|--|--|--|

|   |                                     |  |
|---|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Orbie A. Carpenter</u> ADDRESS <u>Richmond, Mo.</u> |
|---|-------------------------------------|--|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardio-vascular-renal disease ± 1 1/2 yrs</u> |  |   |
|   | DUE TO (c) _____   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>442 X</u>   |  |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOME HIDE (Specify) _____          | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____                                  |

22. I hereby certify that I attended the deceased from Feb 14, 1949, to Aug 11, 1949, that I last saw the deceased alive on Aug 11, 1949, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

|   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>H. K. Johnson, MD</u> | 23b. ADDRESS <u>Richmond, Mo</u> | 23c. DATE SIGNED <u>8/16/49</u> |
|---|----------------------------------|---------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 14, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Dockery, Ray County, Mo.</u> |
|---|--------------------------------|--|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>Aug 17-1949</u> | REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thompson Funeral Home</u> ADDRESS <u>Richmond, Mo.</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23

RECEIVED

District Health Officer No. 8,

District File Number.....

File No. 8-22-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXX~~.....

Student Embalmer No. ....

working under my personal supervision.

Signed William S. Thurman.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4563.....

P. O. Address Richmond, Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.